



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/17017UC-0099/1

Work Order Type: Weatherization

Audit Name: 17017UC-0099

CLIENT INFORMATION

Client ID: 17017UC-0099

AGENCY INFORMATION

Agency: Upper Cumberland H R A

Address: 3313 Williams Enterprise Drive
Cookeville, TN 38506

Agency Contact: Simcox, Tommy

Agency Phone: (931) 528-1127

Fax:

Email Address:

Work Phone:

Cell Phone: (931) 510-4384

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

1983 HOME
1488 SQ. FT

Measures

Measure 1 Infiltration Redctn

Components

Inspected

Comment 1' CAULK-FLOOR IN MASTER BATH, 1-CAN FOAM SEAL AROUND
WATER LINES IN BATH, BUILD 1 ATTIC HATCH W/R30 & W/STRIP
DR 1 NEEDS WEATHERSTRIPS AND SWEEP

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Measure 2 Window Replacement

Components D10,C7,D8

Inspected

Comment 4 WINDOWS NEED REPLACED

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Windows	Window Replacement	SqFt	41.36	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Window Replacement	SqFt	41.36	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Measure 3 DWH Tank Insulation**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		R-10 minimum-use bubble wrap							
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Measure 4 Attic Ins. R-38****Components AT1****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-38	SqFt	1488					
Other Detail									
Measure Sub Total:							Sub Total:		

Field Notes:

**Measure 5 Fix Moisture Problems
(Basement/Crawlspace)**

Components

Inspected

Comment HOUSE HAS LOTS OF MOISTURE PROBLEMS

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Moisture Barrier Needed (+)	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Work Order Grand Total:

Grand Total: